

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90052 046 \*\*\*\*61.25

<b>DOCUMENT # N04000006200</b>					
<b>1. Entity Name</b> TORAH ACADEMY FOR GIRLS-SHAAREI BINA, INC.					
<b>Principal Place of Business</b> 1428 BRICKELL AVE EIGHT FL MIAMI, FL 33131			<b>Mailing Address</b> 1428 BRICKELL AVE EIGHT FL MIAMI, FL 33131		
<b>2. Principal Place of Business</b> 137 NE 19th Street Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> Miami, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-1280801	
<b>Zip</b> 33132		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MANASTER, JOSHUA D 1428 BRICKELL AVE EIGHT FL MIAMI, FL 33131			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> ROSENBAUM, ELANNA <b>STREET ADDRESS</b> 4625 PINE TREE DR <b>CITY-ST-ZIP</b> MIAMI BCH, FL 33140	<input type="checkbox"/> Delete		<b>TITLE</b> D/S <b>NAME</b> 137 NE 19th Street <b>STREET ADDRESS</b> Miami, FL 33132 <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> ROSENBAUM, GARY <b>STREET ADDRESS</b> 4625 PINE TREE DR <b>CITY-ST-ZIP</b> MIAMI BCH, FL 33140	<input type="checkbox"/> Delete		<b>TITLE</b> D/P <b>NAME</b> 137 NE 19th Street <b>STREET ADDRESS</b> Miami, FL 33132 <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> POMPER, SUZAN <b>STREET ADDRESS</b> 525 47 ST <b>CITY-ST-ZIP</b> MIAMI BCH, FL 33140	<input type="checkbox"/> Delete		<b>TITLE</b> D/S <b>NAME</b> 137 NE 19th Street <b>STREET ADDRESS</b> Miami, FL 33132 <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> POMPER, MARK <b>STREET ADDRESS</b> 525 47 ST <b>CITY-ST-ZIP</b> MIAMI BCH, FL 33140	<input type="checkbox"/> Delete		<b>TITLE</b> D/V <b>NAME</b> 137 NE 19th Street <b>STREET ADDRESS</b> Miami, FL 33132 <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> D/T <b>NAME</b> Michael Bokor <b>STREET ADDRESS</b> 137 NE 19th Street <b>CITY-ST-ZIP</b> Miami, FL 33132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Mark Pomper</u> <u>Mark Pomper</u>			1/20/2005 305-438-1802		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		